

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-028191

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| Registration District No. XC 1814804 | | SL 17282 | | Primary Registration District No. 1003 | | Registrar's No. 6879 | | STATE FILE NUMBER | |
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in 1b 31 DAYS | | c. CITY OR TOWN EAST SAINT LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3720 CHURCH PLACE | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First LEE Middle B. Last CARMICKLE | | 4. DATE OF DEATH Month JULY Day 8 Year 1960 | | | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2-15-95 | | 9. AGE (last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and state or country) SPRING LICH, KENTUCKY | | 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME ANDREW CARMICKLE | | 13b. MOTHER'S MAIDEN NAME LEORA EVANS | | 14. NAME OF HUSBAND OR WIFE ZENA CARMICKLE | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT | | 16. SOCIAL SECURITY NO. 708-09-2745 | | 17. INFORMANT ZENA CARMICKLE, 3720 CHURCH PL. ILL. | | Address EAST ST. LOUIS, ILL. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC SQUAMOUS CELL CARCINOMA, PRIMARY SITE, LEFT CHEEK Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 191.3 | | | | | | INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. VA attended the deceased from 6-7-60 , to 7-8-60 and last saw him alive on 7-8-60 Death occurred at 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Andrew H. Biscan, M.D. (Degree or title) | | 22b. ADDRESS VAH, ST. LOUIS, MISSOURI | | 22c. DATE SIGNED 7-8-60 (State) | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7-10-1960 | | 23c. NAME OF CEMETERY OR CREMATORY Cane Cemetery | | 23d. LOCATION (City, town, or county) Caneyville, Kentucky | | | |
| 24. FUNERAL DIRECTOR John J. Kassly, E. St. Louis, Ill. | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. JUL 8 1960 | | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. M. Duckworth

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.